VIA ELECTRONIC FILING

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-B204
Washington, DC 20554

Re: Notice of Ex Parte in WC Docket No. 02-60, Oregon Health Network

Dear Ms. Dortch:

In accordance with Section 1.1206 of the Commission's rules, 47 C.F.R. § 1.1206, we hereby provide notice of an oral ex parte presentation in connection with the above captioned proceeding. On October 10, 2012, Kim Lamb, Executive Director and Kim Klupenger, Chief Operating Officer of Oregon Health Network (OHN), spoke with Attorney Advisors Chin Yoo, Linda Oliver and Mark Walker by phone and webinar to review OHN's comments to the Federal Communications Commission's recent request for comments (RFC) on the healthcare broadband services plan (HBSP). OHN emphasized the importance of releasing the HBSP as soon as possible, and that delays exceeding a January 1, 2013 release date would directly impact the success of multiple federal and state health care and health care IT reform.

When asked by the FCC where improvements could be made in USAC program administration surrounding eligibility and reporting, OHN suggested that USAC replace its current practice of using the HCP's public websites as one of the primary resources to confirm eligibility of service, with the following publicly available, standardized health care services accreditation sources:

- **The Joint Commission**: Use the commission's public search engine (search by name and state) **http://www.qualitycheck.org/consumer/searchQCR.aspx#** to determine eligibility for a wide range of HCP's including ambulatory health care (dental, specialty and primary care clinics etc.), behavioral health care, critical access hospitals, hospitals, home care, laboratory services, long term care, international accreditation.

Lastly, upon request, OHN supplied a breakdown of potential HCP sites poised to use the program funds to connect to OHN based upon FCC eligibility and funding allotment.

Sincerely,

Kim Lamb, *Executive Director*
email: klamb@oregonhealthnet.org
Cc: Chin Yoo, Linda Oliver and Mark Walker

OREGON HEALTH NETWORK

Review of OHN's FCC RFC Comments

October 10, 2012

Agenda

1. **Review of OHN's Key Comments**

2. **Application Scoring Recommendation**

3. **Timeline:** *National & State Health Care/HIT Reform Initiatives*

OHN: Key Comments

1. ***Support of Consortia/RHCPP's***
   - ✓ Continued support of RHCPP projects as new consortium applicants
     - o *Grandfathering in RHCPP funded locations @ 85% MRC post 2014*
   - ✓ Inclusion of urban in consortia @ 85% MRC
   - ✓ Addition of for-profit skilled nursing and physician practices
   - ✓ Definition of health care provider (HCP) to include clinics that meet the definition of "public health provider" which will align with the policy and eligibility definitions of the Centers for Medicare & Medicaid ("CMS");
   - ✓ Ensure rules and administrative processes support consortium applications

OHN: Key Comments

2. *Services & Equipment*
   - ✓ Continued support of Network Operations Centers (NOC's) and Network Management @ 85% MRC

3. *No limitations specifying minimum or maximum bandwidth*

4. *Alignment with other Federal Health Care/Health IT Initiatives* (strategy, timing and resources)

5. *Timing*: The new program needs to be approved and launched no later than Dec 31, 2012 – with funding available on or before January 1, 2013

Application Scoring Recommendation

OHN based its RFC comments upon the following assumptions and recommended application scoring criteria:

1. The total USF available annually is $400 million
2. To support the current Pilot Projects (50 remaining), plus other current primary Rural Health Care Program (RHCP) participants, OHN would advocate a "fair share" approach through the application process that would include a scoring criteria based upon the:
   - volume of current sites
   - potential future sites
   - success and sustainability of consortium (such as OHN) and
   - previous success in allocating the original RHCPP funding

The Challenge: Landscape Interdependencies

Health care plays a critical role in solving our nation's largest problems:

Economic

- Health care costs represent one of the greatest drivers in our national debt crisis

- Access to quality health care part of any community's ability to attract/ retain businesses & citizen base to achieve viability

Health Care

- Health care operates in silos
- Cost of care going up for patients, physicians, providers, payers
- Insured population
- Medicare/Medicaid population going up; reimbursement going down
- Quality of care going down

Workforce

- Flat/depleted pool of trained physician, allied health, health IT expertise

- Aging physician population

- Higher Ed facilities can't keep up with the demand, as well as new types of health IT related training/skill sets

THE GOAL: Better health care at reduced costs

Top-down vision and efforts

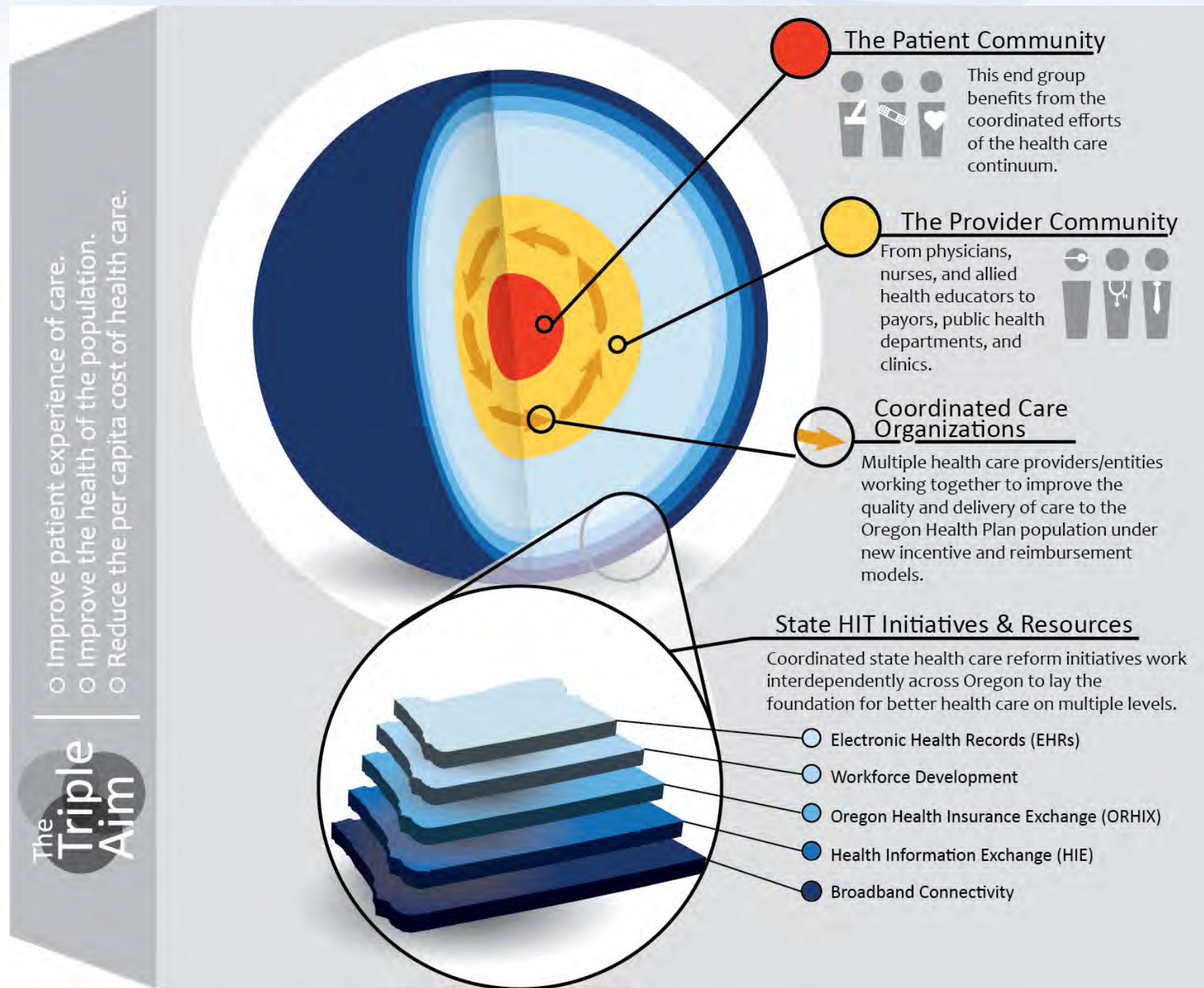**Centers for Medicare & Medicaid (CMS)**

Goal: Triple Aim
Improve Population Health
Improve Patient Experience /Outcomes
Reduce Costs

Federal Communications Commission (FCC)

Goal: National Connectivity Solution to Support Integrated Health Care Delivery

Timing: State of Oregon HIT Initiatives

Timing: Key Role of OHN in State Initiatives

State Initiatives and Resources: Who's Doing What?

Electronic Health Records (EHRs)

The **Oregon Community Health Information Network (OCHIN)** is nationally recognized for its innovative use of Health IT to improve the integration and delivery of health care services across a wide variety of practices. OCHIN runs Oregon's Health Information Technology Extension Center (O-HITEC), whose goal is to help Oregon providers and practices select, adopt, and achieve the federal Meaningful Use requirements. www.ochin.org (For more information on the Medicare and Medicaid EHR Incentive Programs, please visit MedicaidEHRIncentives.oregon.gov.)

Workforce Development

The OHSU **Biomedical Informatics Graduate Program** includes a Graduate Certificate, two Master Degrees, and a PhD. The program, available both on-campus and via distance learning, prepares students for professional and leadership roles in the implementation of EHRs, HIE, telehealth, and health care quality measurement and improvement. www.ohsu.edu/informatics

Oregon Health Insurance Exchange

The **Oregon Health Insurance Exchange** (ORHIX) is a central marketplace where consumers and small employers can shop for health insurance plans and access federal tax credits to help pay for coverage. The Exchange will make it easy for Oregonians to compare their health coverage options and find out if they are eligible for financial assistance, starting in October 2013. https://orhix.org/

Health Information Exchange (HIE)

CareAccord, Oregon's Health Information Exchange, is administered by the **Oregon Health Authority**. CareAccord facilitates the secure exchange of health information between Oregon's health care organizations and providers, enabling the coordination of care for better health, better care and lower cost. www.careaccord.org
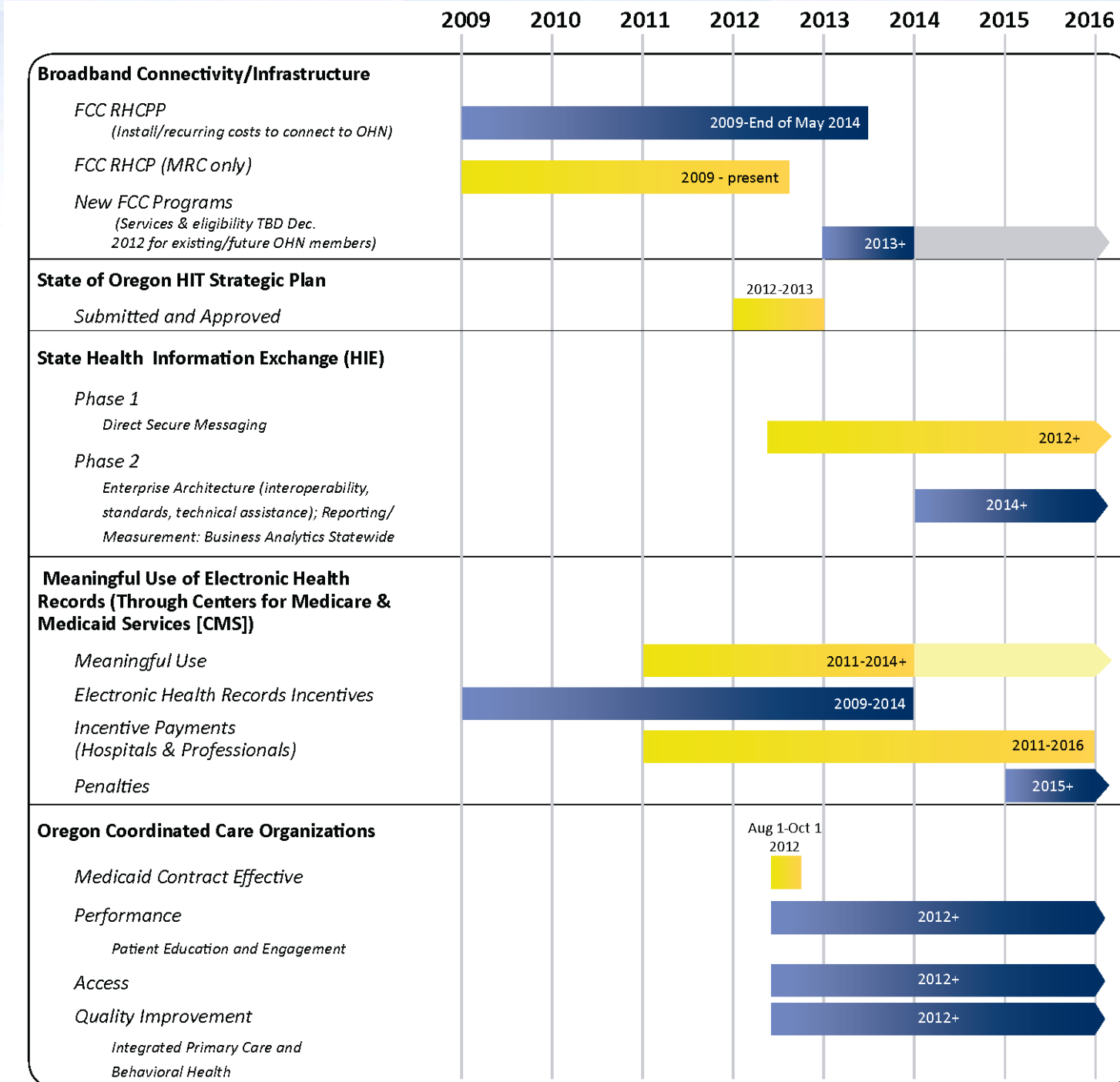
Broadband Connectivity

A nonprofit organization, **Oregon Health Network (OHN)** is Oregon's first, and only, statewide health care "highway" with over 230 connected hospitals, clinics, and community college members. Core services include: 24/7 NOC monitoring, hosted services (such as video conferencing), advocacy, and HIT best practices. www.oregonhealthnet.org

Timing: Key Role of OHN in State HIT Initiatives

Broadband infrastructure & network decisions are being made **NOW** to support federal (CMS & ONC) and state mandated health care reform and health IT initiatives.

➤ Delays in the FCC HBSP will directly impact the success of these programs and national momentum

	2009	2010	2011	2012	2013	2014	2015	2016
Broadband Connectivity/Infrastructure								
FCC RHCPP (Install/recurring costs to connect to OHN)				2009-End of May 2014				
FCC RHCP (MRC only)				2009 - present				
New FCC Programs (Services & eligibility TBD Dec. 2012 for existing/future OHN members)					2013+			
State of Oregon HIT Strategic Plan				2012-2013				
Submitted and Approved								
State Health Information Exchange (HIE)								
Phase 1 Direct Secure Messaging					2012+			
Phase 2 Enterprise Architecture (interoperability, standards, technical assistance); Reporting/ Measurement: Business Analytics Statewide						2014+		
Meaningful Use of Electronic Health Records (Through Centers for Medicare & Medicaid Services [CMS])								
Meaningful Use				2011-2014+				
Electronic Health Records Incentives				2009-2014				
Incentive Payments (Hospitals & Professionals)				2011-2016				
Penalties							2015+	
Oregon Coordinated Care Organizations				Aug 1-Oct 1 2012				
Medicaid Contract Effective								
Performance				2012+				
Patient Education and Engagement								
Access				2012+				
Quality Improvement				2012+				
Integrated Primary Care and Behavioral Health								

THANK YOU!

Kim Lamb

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OHN Membership and Funding Data

Market	Membership		FCC Eligibility Designation (Rural/Urban)				
Market Segmentation	**Member Type**	**Total Member Sites**	**Rural**	**% Rural**	**Urban**	**% Urban**	
FCC RHCPP Member Sites	**Hospitals**	**37**	**23**	**62%**	**14**	**38%**	
	Hospital System	*26*	*12*	*46%*	*14*	*54%*	
	Hospital-Critical Access	*11*	*11*	*100%*	*0*	*0%*	
	Clinics	**170**	**113**	**66%**	**57**	**34%**	
	Mental Health	51	43	84%	8	16%	
	FQHC	19	12	63%	7	37%	
	Primary Care/Specialty Care	100	58	58%	42	42%	
	Community Colleges	**14**	**11**	**79%**	**3**	**21%**	
	Total Health Care Provider Data	*221*	*147*		*75*		
	Network Operations Center	**1**	**0**	0	**1**	100%	
	Member Sites Data Centers	**5**	**2**	40%	**3**	60%	
	Total FCC RHCPP Members Sites & Cost Data	*227*	*149*		*79*		
Standard Member Sites	**Hospitals**	**2**	**1**	**50%**	**1**	**50%**	
	Hospital System	1	0	0%	1	100%	
	Hospital-Critical Access	1	1	100%	0	0%	
	Clinics	**3**	**1**	**33%**	**2**	**67%**	
	Radiology	1	0	0%	1	100%	
	Mental Health	1	1	100%	0	0%	
	Primary Care/Specialty Care	1	0	0%	1	100%	
	Total Standard Member Sites & Cost Data	*5*	*2*		*3*		
Potential Member Sites Sales List	*(NOTE - All projected cost and revenue data is based upon clinic data above, as OHN has already onboarded the majority of hospitals in Oregon and remaining sites to add are largely clinical.*						
	Healthcare Provider Sites	473					
	Assisted Living Member Sites	287					
	Total Potential Member Sites	**760**					
Total Member Site & Cost Data for : FCC RHCPP, Standard, and Potential Membership Funded by FCC		700					
Total Member Site & Cost Data for : FCC RHCPP, Standard, and Potential Membership Funded + Unfunded by FCC		992					

NEW SITES that can and are poised to benefit from new HBSP.

10/10/2012